

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050228

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317
FILED JAN 3 1964

500

3927

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Ladue		c. CITY OR TOWN Ladue	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 60 Fair Oaks		d. STREET ADDRESS (If outside, give location) 60 Fair Oaks	
3. NAME OF DECEASED (Type or print) OSCAR HABENICHT		4. DATE OF DEATH Month December Day 21 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attorney		10b. KIND OF BUSINESS OR INDUSTRY Waterville, Kansas	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Julius Habenicht		13b. MOTHER'S MAIDEN NAME Catherine Engelke	
14. NAME OF HUSBAND OR WIFE Elise Fodde Habenicht		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1	
16. SOCIAL SECURITY NO. 61-200		17. INFORMANT Ladue 24, Missouri. Mrs. Elise F. Habenicht 60 Fair Oaks	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 1 year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:15 P.M. Month, Day, Year 12-21-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from 12-21-63 to 12-21-63 and last saw her/him alive on 6:15 P.M. 12-21-63 Death occurred at 6:15 P.M. 12-21-63 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE A. H. Arneson M.D.	
22b. ADDRESS 457 No. Kings Highway		22c. DATE SIGNED 12-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-1963	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.	
24. FUNERAL DIRECTOR Lupton Chapel Inc. 7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. 12-23-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

Dr. A. N. Arneson
457 N. Kingshighway
FO 7-0353

Oscar Habenicht
County Vice.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.